



Health Professions Quality Assurance Division
PO Box 1099
Olympia, WA 98504-1099

VERIFICATION OF LICENSURE

From Country Outside of U.S.A.

APPLICANT: Complete this section and mail to the Government agency where original licensure was granted.

Present Name _____
LAST FIRST MIDDLE MAIDEN

I hereby request that the verification form below be completed and mailed to: Department of Health
Washington State Board of Nursing
PO Box 1099
Olympia, WA 98507-1099 U.S.A.

I was registered by your bureau under the name _____

and certificate number _____ dated _____

Signature of Applicant _____

Address _____

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE

To be completed by the nurse licensure authority in country where applicant was originally licensed. Please return this form directly to the Washington State Board of Nursing.

CERTIFICATION OF LICENSURE

This is to certify that _____ after passing a governmental examination was granted a certificate of licensure as _____

according to the laws of the country of _____ on _____
COUNTRY DAY MONTH YEAR

The certification was number _____

The license is currently in good standing: ☐ Yes ☐ No

If other basis for licensure (than governmental examination) please explain on the reverse side.

The school of nursing from which the applicant graduated was approved by this government at the time of graduation: ☐ Yes ☐ No

Name of licensing/registration agency _____

*(Affix Official
Seal Here)*

Signature _____

Title _____

Date _____